(12-04) Approved for use through 07/31/2006, 0MB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons uired to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.F. 10/670,252 Application Number Filing Date September 26, 2003 TRANSMITTAL **Kentaro JUMONJI** First Named Inventor For FY 2005 Examiner Name Y BEAULIEU Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3661 TOTAL AMOUNT OF PAYMENT (\$) 400.00 Attorney Docket No. 056208.52793US METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): 5 2005 Deposit Account Deposit Account Number: 05-1323 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity **Small Entity Small Entity** Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Utility 300 150 500 250 200 100 Design 200 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 **Provisional** 200 100 n 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180 Total Claims **Extra Claims** Fee Paid (\$) Multiple Dependent Claims 13 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Extra Claims Indep. Claims Fee (\$) Fee Paid (\$) - 3 or HP = 5 200 400.00 2 HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

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If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)

for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Claims Extra Sheets Number of each additional 50 or fraction thereof

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Non-English Specification, \$130 fee (no small entity discount)

Other:

SUBMITTED BY Registration No. Signature Telephone 202-624-2500 (Attorney/Agent) 25,406 Name (Print/Type) James F. McKeown Date 01/05/2005

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